



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application: Lothar Göbel  
 Serial No.: 10/545,191  
 Filing Date: 08/10/2005  
 For: DEVICE TO BE USED IN HEALING  
 PROCESSES  
 Group Art Unit: Unknown  
 Examiner: Unknown  
 Attorney's Docket No.: KUCH-9

Mail Stop Amendment  
 Commissioner for Patents  
 PO Box 1450  
 Alexandria, VA 22313-1450

Sir:

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR 1.56, 1.97 and 1.98, Applicant hereby submits documents and information which may be considered material to the examination of this application. These documents and information are listed on the accompanying forms.

Copies of documents 1-2, which are listed on the accompanying form, PTO/SB/08A (substitute for Form PTO-1449) (one page), have not been submitted since submission of copies of U.S. patents and U.S. patent applications is no longer required under 37 CFR 1.98.

Copies of documents 3-5, which are listed on the accompanying Form PTO/SB/08A (substitute for Form PTO-1449), are enclosed herewith.

Applicant respectfully requests that these documents be fully considered by the U.S. Patent and Trademark Office during the examination of this application and printed on any patent which may issue on this application. Applicant also respectfully requests that a copy of the Form PTO/SB/08A (substitute for Form PTO-1449) (one page), submitted herewith, as considered and initialed by the Examiner, be returned to the undersigned with the next communication.

*This Information Disclosure Statement is being filed before the mailing date of a first Office Action on the merits. No certification or fee is believed to be required.*

KUCH-9

It is believed that this disclosure complies with the requirements of 37 CFR 1.56, 1.97 and 1.98. If for any reason the Examiner considers otherwise, it is respectfully requested that the undersigned be contacted by the Examiner by telephone in order that any deficiencies may be expeditiously remedied.

The enclosed documents may have markings thereon. Applicant is not presently aware of the source of those markings, and no significance is meant to be attached thereto.

Please charge any additional fees due in connection with this submission, or credit any overpayment, to Deposit Account No. 16-0221. A duplicate copy of this submission is enclosed for the convenience of the Examiner.

Thank you.

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September 1, 2005

(DATE OF DEPOSIT)

\_\_\_\_\_  
Scott R. Foster

(NAME OF ATTORNEY)

\_\_\_\_\_  
  
(SIGNATURE)

\_\_\_\_\_  
September 1, 2005

(DATE OF SIGNATURE)

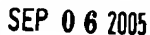
Respectfully submitted,



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Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for form 1449/PTO

**(Use as many sheets as necessary)**

**Complete if Known**

|                        |              |
|------------------------|--------------|
| Application Number     | 10/545,191   |
| Filing Date            | 08/10/2005   |
| First Named Inventor   | Lothar Göbel |
| Art Unit               | Unknown      |
| Examiner Name          | Unknown      |
| Attorney Docket Number | KUCH-9       |

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| Sheet |  | of |
|-------|--|----|

## U. S. PATENT DOCUMENTS

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## FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear |
|--------------------|-----------------------|---|------------------|---|---|
|                    |                       | Country Code <sup>2</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known) | MM-DD-YYYY       |   |   |
|                    | 3                     | DE 195 08 129   | 09-12-1996       | Menke   |   |
|                    | 4                     | EP 0 624 349  | 11-17-1994       | Milewski  |   |
|                    | 5                     | EP 1 097 675  | 05-09-2001       | General Surgical Innovations                    |   |
|                    |                       |   |                  |   |   |
|                    |                       |   |                  |   |   |
|                    |                       |   |                  |   |   |

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.**

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